Revised 06/08

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Statement of Affirmation:

Signature

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Gode section 8.7 requires all gifts and bequests given to any department of the state of lowa occreceived by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report of the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

E	or office use only
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Computer	

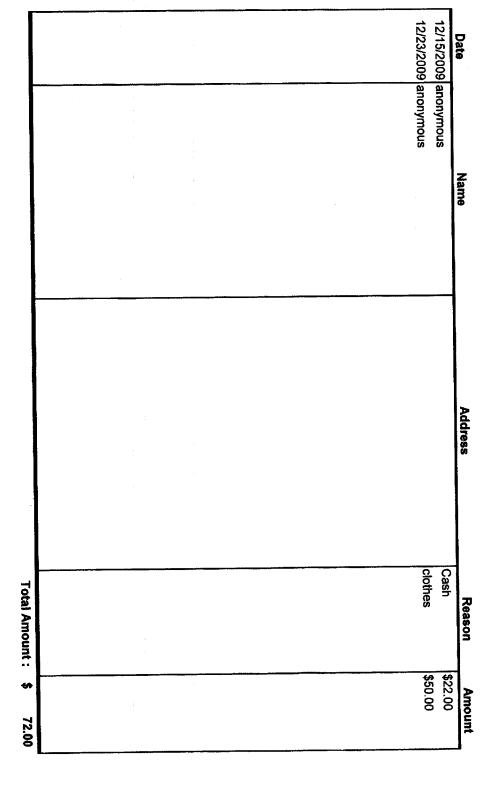
Date

Mt. Reasant Mental Health	Institute		
Name Department or Office 1200 E Washington St.	Mt. Pleasant, IA 52641		
Mailing Address		City, State, Zip Code	
Area Code & Telephone No.			
ONTACT PERSON FOR RECIP	IENT DEPARTMENT OR OFFI	CE:	
Ron Mullen			
Name Same		Same	
Mailing Address (If different from abo Ron.Mullen@iowa.gov	ove)	City, State, Zip (if different from above)	
Email Address		Area Code & Telephone Number (if different from above)	
Mailing Address	City, State, Zip Code	December, 2009 \$72.00 Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number		*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)			
Provide a description of the gift or l Item for patient/client use			
Criteria to use this form:		e state or received by the Governor on behalf of the state.	

I, _____affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Mt. Pleasant Mental Health

Dec-09



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¥ *Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section.8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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A FTHIC Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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For office use only	
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQU	EST:
Mt. Pleasant Correctional Facility	
Name of Department or Office 1200 E Washington St.	Mt. Pleasant, IA 52641
Mailing Address 319-385-9511	City, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE:
Ron Mullen	
Name	Same
Same Mailing Address (if different from above)	City, State, Zip (if different from above)
Ron.Mullen@iowa.gov	Same
Email Address	Area Code & Telephone Number (if different from above)
Name	
Mailing Address City, State, Zip Code	December, 2009 \$5.00 Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
Item for offender use.	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the	he state or received by the Governor on behalf of the state.
Statement of Affirmation:	above is accurate. I further affirm that the information concerning the donor and the best of my knowledge.
June & From	/- 25-/ O Date
Signature	Date

Mt. Pleasant Correctional Facility

Dec-09

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